



CITY OF TUCSON
HOUSING & COMMUNITY DEVELOPMENT DEPARTMENT
HOUSING ASSISTANCE DIVISION

Request for Tenancy Approval Checklist

Family Name: _____ Date Received: _____ Tenant Code: _____

Landlord Name: _____ Voucher Expiration Date: _____

- _____ Request for Tenancy Approval (signed by Owner and Family)
- _____ Property Listing Form
- _____ Lease Addendum Violence Against Women Act (signed by Owner and Family)
- _____ Lead Base Paint Disclosure (signed by Owner and Family)
- _____ W-9
- _____ Authorization for Direct Deposit (with attached Voided Check or Deposit Slip)
- _____ Landlord Information Form
- _____ Sample Lease Agreement
- _____ Warranty Deed
- _____ Management Agreement for Property Management Company or Agent
- _____ Proof of current payment of property taxes
- _____ Tenancy Addendum

Proof of Ownership and Insurance not required for complexes already on the participating in the Housing Choice Voucher Program. A new apartment complex will be required to attach these forms.

This form will be placed on top of the RFTA packet when submitted

This packet must be submitted prior to the expiration date listed on the voucher, no will be accepted if incomplete or missing one of the items listed above



310 N. Commerce Park Loop - P. O. Box 27210, Tucson, AZ 85726-7210
PHONE (520) 791-4739 FAX (520) 791-2506 TDD (520) 791-2639
tucsonaz.gov/hcd Sec8_Landlords@tucsonaz.gov



If you should require an accommodation or alternative arrangements due to a disability, please call (520) 791-4739.

If you require an oral interpretation in a language other than English, please call (520) 791-4739.

Si requiere una interpretación oral en un idioma que no sea inglés, por favor llame al (520) 791-4739

Request for Tenancy Approval Housing Choice Voucher Program

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(exp. 09/30/2017)

Public reporting burden for this collection of information is estimated to average .08 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. The Department of Housing and Urban Development (HUD) is authorized to collect information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the data on the family's selected unit is mandatory. The information is used to determine if the unit is eligible for rental assistance. HUD may disclose this information to Federal, State, and local agencies when relevant civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family voucher assistance.

1. Name of Public Housing Agency (PHA)			2. Address of Unit (street address, apartment number, city, State & zip code)		
3. Requested Beginning Date of Lease	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt.	8. Date Unit Available for Inspection
9. Type of House/Apartment <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Semi-Detached / Row House <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Garden / Walkup <input type="checkbox"/> Elevator / High-Rise					
10. If this unit is subsidized, indicate type of subsidy: <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR) <input type="checkbox"/> Section 236 (Insured or noninsured) <input type="checkbox"/> Section 515 Rural Development <input type="checkbox"/> Home <input type="checkbox"/> Tax Credit <input type="checkbox"/> Other (Describe Other Subsidy, Including Any State or Local Subsidy) _____					

11. Utilities and Appliances
The owner shall provide or pay for the utilities and appliances indicated below by an "O". The tenant shall provide or pay for the utilities and appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.

Item	Specify fuel type	Provided by	Paid by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other		
Other Electric			
Water			
Sewer			
Trash Collection			
Air Conditioning			
Refrigerator			
Range/Microwave			
Other (specify)			

12. Owner's Certifications.

a. The program regulation requires the PHA to certify that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units. **Owners of projects with more than 4 units must complete the following section for most recently leased comparable unassisted units within the premises.**

Address and unit number	Date Rented	Rental Amount
1.		
2.		
3.		

b. The owner (including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

c. Check one of the following:

____ Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.

____ The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.

____ A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family.

13. The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's own responsibility.

14. The owner's lease must include word-for-word all provisions of the HUD tenancy addendum.

15. The PHA will arrange for inspection of the unit and will notify the owner and family as to whether or not the unit will be approved.

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Signature		Signature (Household Head)	
Business Address		Present Address of Family (street address, apartment no., city, State, & zip code)	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)

LEASE ADDENDUM
VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005

TENANT	LANDLORD	UNIT NO. & ADDRESS
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This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and Landlord.

Purpose of the Addendum

The lease for the above referenced unit is being amended to include the provisions of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA).

Conflicts with Other Provisions of the Lease

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

Term of the Lease Addendum

The effective date of this Lease Addendum is _____. This Lease Addendum shall continue to be in effect until the Lease is terminated.

VAWA Protections

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

Tenant

Date

Landlord

Date

Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) _____ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

(ii) _____ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) _____ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

(ii) _____ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgment (initial)

(c) _____ Lessee has received copies of all information listed above.

(d) _____ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

Agent's Acknowledgment (initial)

(e) _____ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

_____ Lessor	_____ Date	_____ Lessor	_____ Date
_____ Lessee	_____ Date	_____ Lessee	_____ Date
_____ Agent	_____ Date	_____ Agent	_____ Date

LANDLORD SUPPLEMENTAL INFORMATION

1. Address of the unit and apartment # _____
2. Owner is employed by the City of Tucson or Pima County: Yes _____ No _____
If the answer is yes, a Disclosure of Interest Form must be filled out with the City of Tucson, City Clerk's Office and a copy of the form submitted to the Section 8 Office.

3. Complaint History:

- a. Are you or the company that you are affiliated with currently or, within the past five years, prohibited from participating in a HUD sponsored program by either HUD, another Public Housing Authority (PHA) or, this PHA? NO: _____ Yes: _____
if yes explain:

- b. Are you or the company that you are affiliated with currently or, within the past five years, have/had a Fair Housing Complaint or other discrimination suit filed against you with a federal, state or local agency? No: _____ Yes: _____ If yes explain:

4. Property Owner: (name on deed) _____

Address: _____

Street City State Zip Code

Telephone #: _____

5. Agent/Representative: _____

Address: _____

Street City State Zip Code

Telephone #: _____

6. Monthly rent shall be Payable to: _____

Address: _____

Street City State Zip Code

Telephone #: _____

7. Tax I.D. Number or Social Security Number _____

(Must belong to #6, reported to IRS for Income Tax Purposes)

Print or Type Name of Owner or Other Party Authorized to Execute the Lease

Signature

Business Address

Telephone Number

Date (mm/dd/yyyy)

E-mail address



CITY OF TUCSON
HOUSING VENDOR
ACH/EFT APPLICATION

SECTION A: TO BE COMPLETED BY SUBMITTING VENDOR - INSTRUCTIONS ON REVERSE SIDE

DESCRIPTION					
NEW		CHANGE		CANCEL	
TAXPAYER ID TYPE (CHECK ONE) 1 = FEIN 2 = SSN		TAXPAYER ID NUMBER		VENDOR NUMBER	
VENDOR/PAYEE NAME			LEGAL NAME OF ENTITY OR INDIVIDUAL		
VENDOR ADDRESS			TELEPHONE NUMBER WITH AREA CODE		
CITY		STATE		ZIP CODE	
E-MAIL ADDRESS					
VENDOR CONTACT NAME 1:			PHONE NUMBER		FAX NUMBER
VENDOR CONTACT NAME 2:			PHONE NUMBER		FAX NUMBER

SECTION B: TO BE COMPLETED BY SUBMITTING VENDOR

FINANCIAL INSTITUTION NAME		IF CHANGE PLEASE INDICATE PREVIOUS FINANCIAL INSTITUTION NAME	
FINANCIAL INSTITUTION ADDRESS		FINANCIAL INSTITUTION TELEPHONE NUMBER	
CITY	STATE	ZIP CODE	
DEPOSITOR ABA ROUTING NUMBER		IF CHANGE PLEASE INDICATE PREVIOUS ABA ROUTING NUMBER	
DEPOSITOR ACCOUNT NUMBER		IF CHANGE PLEASE INDICATE PREVIOUS ACCOUNT NUMBER	
DEPOSITOR ACCOUNT TYPE (CHECK ONE) SAVINGS CHECKING		INCLUDED WITH APPLICATION (CHECK ONE) VOIDED CHECK BANK LETTER	

SECTION C: VENDOR AUTHORIZATION

☐ I hereby authorize the City of Tucson, Finance Department and the above named financial institution to initiate electronic funds transfers (EFT) into the savings/checking account listed above.

☐ I hereby cancel my ACH/EFT authorization.

AUTHORIZED VENDOR/REPRESENTATIVE (Signature)	DATE
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SECTION D: VENDOR PAYMENT LOCATION

Vendor payment information may be viewed by going to www.tucsonaz.gov/vendorpay. You must have your City of Tucson vendor number to access payment information.

SECTION E: MAILING INSTRUCTIONS

Three ways to return completed form:

Mail to: Community Services Department, Section 8 Division, PO Box 27210, Tucson, AZ 85726-7210

Fax to: (520) 791-5201, ATTN: Section 8 Division

Email to: Sec8_Landlords@tucsonaz.gov

The EFT authorization process may take 6-8 weeks before deposits begin. Please see reverse side for details.

SECTION F: ACCOUNTING USE ONLY

AUTHORIZED SIGNATURE FOR EFT SET UP: _____	DATE: _____
EFT ACTIVATION DATE: _____	
BANK TEST DATE: _____	

HOUSING VENDOR ACH/EFT APPLICATION INSTRUCTIONS

Fill in the appropriate boxes as described below

SECTION A: TO BE COMPLETED BY SUBMITTING VENDOR

DESCRIPTION

Check the appropriate box for this submission

TAXPAYER ID TYPE

Check 1 if your taxpayer ID is a Federal Employers Identification number (FEIN) or 2 if your taxpayer ID is a Social Security Number (SSN)

TAXPAYER ID NUMBER

Enter the FEIN or SSN associated with the legal name of the entity or individual

VENDOR NUMBER

If known, enter the vendor number assigned to your business by the City of Tucson

VENDOR NAME

Enter the name of the entity or individual:

Individual - Enter your name (Last Name, First Name and Middle Initial)

Sole Proprietor - Enter name of Business

Corporation - Enter your Doing Business As (DBA) name

Other - Enter your entity's name

LEGAL ENTITY NAME

Enter Legal Name of Entity or Individual as filed with IRS:

Individual - Enter your name (Last Name, First Name and Middle Initial)

Sole Proprietor - Enter owner's name (Last Name, First Name and Middle Initial)

Corporation - Enter your name as it appears on the charter or other legal documentation as filed with the IRS

Other - Enter your entity's name as filed with the IRS

ADDRESS

Enter your mailing address

TELEPHONE NUMBER

Enter your telephone number with area code

CITY, STATE, ZIP CODE

Enter your city, state and zip code for the mailing address

SECTION B: TO BE COMPLETED BY SUBMITTING VENDOR

FINANCIAL INSTITUTION NAME, ADDRESS, CITY, STATE, ZIP CODE, PHONE NUMBER

Enter information provided by your bank

NOTE: If this is a request for a "CHANGE" please provide your previous financial institution name in the space provided

DEPOSITOR ABA ROUTING NUMBER

Enter your financial institution's routing number

NOTE: If this is a request for a "CHANGE" please provide your previous routing number in the space provided

DEPOSITOR ACCOUNT NUMBER

Enter your account number

NOTE: If this is a request for a "CHANGE" please provide your previous account number in the space provided

DEPOSITOR ACCOUNT TYPE

Please select type of account (savings or checking)

SUPPORTING DOCUMENTATION

Voided check or bank letter is required to be attached with your application

SECTION C: VENDOR AUTHORIZATION

VENDOR AUTHORIZATION

Must be signed by the vendor or an authorized representative before application can be processed.

SECTION D: VENDOR PAYMENT LOCATION

Vendor Payment information may be viewed by going to www.tucsonaz.gov/vendorpay. You must have your City of Tucson vendor number to access payment information.

SECTION E: MAILING INSTRUCTIONS

Three ways to return completed form:

Mail to: Community Services Department, Section 8 Division, PO Box 27210, Tucson, AZ 85726-7210

Fax to: (520) 791-5201, ATTN: Section 8 Division

Email to: Sec8_Landlords@tucsonaz.gov

The EFT authorization process may take 6-8 weeks before deposits begin.

GENERAL INSTRUCTIONS

If all the necessary sections on this form are not completed, the application will not be processed.

ACH transactions will be effective approximately 6-8 weeks after the application is approved.

Changing Financial Institution or Depositor Account (within the same Financial Institution)

All deposits will continue to be deposited into your present account, unless notification of the change by submission of a new application with the "CHANGE" box checked at the top of the form is received. Current banking information must be included.

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number										
				-				-		
or										
Employer identification number										
				-						

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.